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Application or Doctor Number

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

C 604944

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEES
	\$ _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL	

RATE	FEES
	\$ _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)
			"	=	
Total (37 CFR 1.16(c))	• 46	Minus	" 64	=	
Independent (37 CFR 1.16(b))	• 78	Minus	*** 6	= 1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$ 25	
X \$ 100	
+ \$ 180	
TOTAL ADDL FEE	

RATE	ADDI- TIONAL FEE
X \$ 50	
X 200	200
+ \$ 360	
TOTAL ADDL FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)
			"	=	
Total (37 CFR 1.16(c))	•	Minus	"	=	
Independent (37 CFR 1.16(b))	•	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
X \$ 25	
X 100	
+ \$ 180	
TOTAL ADDL FEE	

RATE	ADDI- TIONAL FEE
X \$ 50	
X 100	
+ \$ 360	
TOTAL ADDL FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)
			"	=	
Total (37 CFR 1.16(c))	•	Minus	"	=	
Independent (37 CFR 1.16(b))	•	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
X \$ 25	
X 100	
+ \$ 180	
TOTAL ADDL FEE	

RATE	ADDI- TIONAL FEE
X \$ 50	
X 100	
+ \$ 360	
TOTAL ADDL FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.